



From the Editor-in-Chief

There is a great deal of interest and talk about primary healthcare across Canada, and no shortage of opinions about what it should look like and who the key players should be. Yet, there has been very little action in Canada in this important area. Most developed countries and, in fact, many developing countries have placed primary healthcare at the centre of their healthcare systems. Why hasn't Canada? Why have experts produced dozens of excellent reports that set out future directions for primary care, but still very little happens?

This issue of *Hospital Quarterly* looks at primary healthcare from a range of perspectives, opinions and data. Dr. Duncan Sinclair does a stellar job of reminding us of the roots of medicare through the words of Tommy Douglas. Fifty-five years later we don't seem to have made a great deal of progress. June Bergman discusses the need for improved partnerships between provider groups so that family physicians and general practitioners are able to maintain their central role in care delivery. Anne Rogers gives us an excellent update on initiatives in the United Kingdom. The NHS now has 481 primary care groups and trusts that are taking on new roles to increase the pace of change at the primary healthcare level. Britain has a long history of very good access to primary healthcare. Changes now being implemented include increased access in out-of-hours services, telephone access, walk-in centres as well as increased use of pharmacists in primary care roles.

Perhaps one of the difficulties with redesigning the primary healthcare system lies in the lack of supply of human resources in Canada. The data are ambiguous. Some researchers suggest there are sufficient primary care physicians, but the problem is that they are poorly distributed. This may be part of the problem, yet there are deeper issues. Where in Canada have there been successful attempts to introduce new categories of workers into primary care or even to define new roles for existing professional groups? What has happened to nurse practitioners? Why are we not enticing them to make greater contributions in primary healthcare settings? Roderick Hooker and Linda McCaig describe their research into the role of physician assistants and nurse practitioners in primary healthcare in the United States and their finding that these professionals deliver care in much the same way as physicians.

Regular contributor John Millar and his colleague Susan Beardall set out the work that needs to be done to develop a national performance measurement system for primary care. Indicators are now being developed that can form the basis for a system that monitors the provision of primary care in the same way we are monitoring hospital-based care. Don Guy describes POLLARA's data on public opinions towards primary care providers. Mike Moralis provides reviews of 10 websites dedicated to the topic.

You might ask why a focus on primary healthcare is relevant to the readers of *Hospital Quarterly*. I believe components of the health system that have traditionally operated in isolation from each other must come together and join forces so that we can maximize the use of resources and coordinate care for the patient's benefit. We must work hard to eliminate those silos!

We are also delighted to have interviews with two of Canada's senior healthcare leaders – Roy Romanow and Tony Clement. Mr. Romanow, who is heading the Commission on the Future of Healthcare in Canada, discusses the four themes that have emerged as priorities, and the commission's plan to consult widely with Canadians to learn what is most valuable to them and what they expect from the system. An extremely difficult task. Mr. Romanow has promised to keep readers of HQ informed about the commission's progress. Mr. Clement, Minister of Health and Long-Term Care for Ontario, has been in his position for seven months and articulates a set of priorities for further changes in health services in Ontario. Another challenging task.

Michael Decter was recently appointed Chair of the Canadian Nursing Advisory Committee. As you will read, he has taken the task of chairing this committee to heart and, one suspects, will be at ease in the role of champion for Canadian nurses and their aspirations.

There are many other interesting and thought-provoking papers in this issue. Ken Tremblay carefully lays out the issues in recruiting physicians to assume managerial roles and responsibilities. Pamela Spencer provides an excellent summary of the legal perspectives in developing a privacy program that is compliant with new legislation. Mike VandenBroek et al. describe a strategy for improving care and increasing accessibility to resources for psychiatric inpatients. We also have columns from Earl Berger, Liisa Jaakkimainen and Trevor Hancock, who provide insights into their areas of expertise.

In closing, we value the opinions and suggestions of our readers. Thank you to all of you who have taken the time to contact us with your ideas. We encourage and welcome these discussions that help us keep *Hospital Quarterly* relevant to the realities of today.

Peggy Leatt, Ph.D.